

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

09 / 53 0 234

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2		I				
3	X					
4		I				
5	X					
6		I				
7		I				
8		I				
9		I				
10		I				
11		I				
12		I				
13		I				
14		I				
15		I				
16		I				
17		I				
18		I				
19		I				
20	X					
21		I				
22		I				
*23		I				
24		I				
25		I				
26		I				
27		I				
28		I				
29	I					
30		I				
31	X					
32		I				
33		X				
34		X				
35		I				
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.		11				
TOTAL CLAIMS	6	11				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS